## PART B - FEE(S) TRANSMITTAL

.Complete and send this form, together with applicable fee(s), to: Mail

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

CURRENT CORRESPONDENC	CE ADDRESS (Note: Use Block I for	any change of address)	F_	Note: A certificat Fce(s) Transmitta papers. Each addi	e of mailing can o . This certificate cational paper, such a	nly be used f annot be used as an assignm	or domestic mailings of the for any other accompanying ent or formal drawing, must
HUMAN GENO		01/2	E SCASS SHEET OF THE STATE OF T	have its own certi	Certificate of Ma	transmission. iling or Tran	
		G.	MEET				(Depositor's name)
		ENT & T	RADEN				(Signature)
							(Date)
APPLICATION NO.	FILING DATE	1	FIRST NAMED	INVENTOR	ATTORNEY DOCKET NO. CON		CONFIRMATION NO.
09/902,705	07/12/2001		Daniel P. Bednarik		PF138	P1C1	8314
TITLE OF INVENTION: H	UMAN HYPOXANTHINE	-(GUANINE) PHC	JSPHUKIBUS	TE IKANSFERASE-2			
APPLN. TYPE	SMALL ENTITY	ISSUE FE	E	PUBLICATION FEE	TOTAL FE	E(S) DUE	DATE DUE
nonprovisional	NO	\$1330		\$300	\$16	30	12/21/2004
EXAM	INER	ART UNI	ΙT	CLASS-SUBCLASS			
RAMIREZ	, DELIA M	1652		536-023200			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
	RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT	(print or type)			
3. ASSIGNEE NAME AND					signee is identified	below, the d	locument has been filed for
	an assignee is identified by 37 CFR 3.11. Completion	of this form is NOT	a substitute i	or ming an assignment 10,	27/2004 SZEWD]	ובב טטטטטטיי	0 004E9 0110F1A9
PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN		(B)	) RESIDENCI	E: (CITY and STATE OR 01 ville, MD 02		1370.00 DI 300.00 DI 12.00 DI	1
PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN Human Geno	EE me Sciences, I assignee category or catego	nc.	RESIDENCI Rock	E: (CITY and STATE OR 01 ville, MD 02 03	COUNTRY) FC:1501 FC:1504 FC:8001	1370.00 DA 300.00 DA 12.00 DA	1 1 1
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interest as shown by the records of the United States Patent and Trademark Office. Authorized Signatur

Typed or printed name

Melissa J. Pytel Registration No. 41,512

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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IN LIEU OF PTO/SB/17 (10-04v2)
\*\* Please note request to charge additional fees during the pendency of the application.

FEETRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

J. Pytel

Name (Print/Type) Melissa

Signature

Complete if Known

Application Number 09/902,705-Conf. #8314

Filing Date July 12, 2001

First Named Inventor Daniel P. Bednarik

Examiner Name D. M. Ramirez

Art Unit 1652

METHOD OF PAYMENT (check all that apply)  Check Credit Card Order Other None  Account Number  Deposit	Fee Paid				
X Deposit Account:  Deposit Account Number  Deposit  Account Number  Deposit  Account Number  Deposit  Account Number  Deposit  Deposit  Account Number  Deposit  Dep					
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Account Number 08-3425 Fee Fee Code (\$) Fee Description					
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Account Human Genome Sciences, Inc.					
Name 1052 50 2052 25 Surcharge – late provisional filing fee or coverable sheet.	H				
X Charge fee(s) indicated below X Credit any overpayments 1053 130 1053 130 Non-English specification	<u> </u>				
X Charge any additional fee(s) or any underpayment of fee(s) 1812 2,520 1812 2,520 For filing a request for ex parte reexamination					
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.  1804 920* Requesting publication of SIR prior to Examiner action					
X application The pendency of the application 1805 1,840* Requesting publication of SIR after Examiner action					
FEE CALCULATION 1251 110 2251 55 Extension for reply within first month					
1. BASIC FILING FEE 1252 430 2252 215 Extension for reply within second month					
Large Entity 1253 980 2253 490 Extension for reply within third month					
Fee Fee Fee Fee Fee Fee Description Fee Paid 1254 1,530 2254 765 Extension for reply within fourth month					
1001 790 2001 395 Utility filing fee 1255 2,080 2255 1,040 Extension for reply within fifth month					
1002 350 2002 175 Design filing fee 1401 340 2401 170 Notice of Appeal					
1003 550 2003 275 Plant filing fee 1402 340 2402 170 Filing a brief in support of an appeal					
1004 790 2004 395 Reissue filing fee 1403 300 2403 150 Request for oral hearing					
1005 160 2005 80 Provisional filing fee 1451 1,510 1451 1,510 Petition to institute a public use proceeding					
SUBTOTAL (1) (\$) 0.00 1452 110 2452 55 Petition to revive – unavoidable					
1453 1,370 2453 685 Petition to revive - unintentional					
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE 1501 1,370 2501 685 Utility issue fee (or reissue)	1,370.00				
Extra Fee from Claims below Fee Paid 1502 490 2502 245 Design issue fee					
Total Claims = x = 0.00 1503 660 2503 330 Plant issue fee					
Independent = x = 0.00 1460 130 Petitions to the Commissioner					
Claims 1807 50 Processing fee under 37 CFR 1.17(q)					
Large Entity Small Entity 1806 180 1806 180 Submission of Information Disclosure Stmt					
Fee Fee Fee Fee Code (\$) Code (\$) Fee Description 8021 40 Recording each patent assignment per property (times number of properties)					
1202 18 2202 9 Claims in excess of 20 1809 790 2809 395 Filing a submission after final rejection					
1810 790 2810 395 For each additional invention to be					
examined (37CFR 1.129(b))	<b></b>				
over original patent	<del></del>				
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent 1802 900   1802 900 of a design application expedited examination of a design application fee for early, voluntary, or	300.00				
Other fee (specify) 1504 normal publication	300.00 12,00				
SUBTOTAL (2) (\$) 0.00 *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)	4 advance copies @\$3.00				
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SUBMITTED BY (Complete (if applicable))					

Registration No.

41,512

Telephone (301) 610-5764

Date

Application of: Bednarik, et al. Atty. Docket No.: PF138P1C1

Application Number: 09/902,705; Conf. #8314

Group Art Unit: 1652

Filed: July 12, 2001

Examiner: D. M. Ramirez

Title: Human Hypoxanthine-(Guanine)

Phosphoribosyl Transferase-2

## TRANSMITTAL LETTER

MAIL STOP: ISSUE FEE Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

## Applicants submit herewith:

- 1. Return Receipt Postcard;
- 2. Form PTOL-85, "Part B - Fee(s) Transmittal" (1 page); and
- 3. Fee Transmittal with appropriate fees (1 page, in duplicate).

The U.S. Patent and Trademark Office is hereby authorized to charge any deficiency in the fees filed, or credit any overpayment, to our Deposit Account No. 08-3425.

Respectfully submitted,

Date: Oct. 20 2004

Melissa J. Pytel Reg. No

Attorney for Applicants

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14200 Shady Grove Road Rockville, MD 20850 Telephone: (301) 610-5764

KKH/MJP/mr